7. Home Health Services:

a. 1. Home Health Visits: Home Health visits are limited to one hundred (100) per recipient per calendar year provided by any combination of home health agency licensed nurse, home health aid, home health physical therapist, home health occupational therapist, or licensed nurse.

2. Services by a licensed Nurse: Services by a licensed nurse, when no home health agency exists in the area must be prior approved by the Bureau of Medicaid Programs and Resource Management as defined in 42 CFR 440.70(b) (1)

b. Home Health Aid Services Provided by a Home Health Agency: Home health aide visit are limited to a total of one hundred (100) visits per recipient per calendar year. Included in the total visit count is all home health aides, nursing services, physical therapy services, and occupational therapy services in any combination.

c. Medical Supplies, Equipment and Appliances Suitable for Use in the Home:

Program Requirements : To control utilization, all medical equipment and medical supplies must be ordered in writing by a physician. Items not specifically listed in the Medical Assitance Manual will require prior authorization by the Department or its designee

Rental of oxygen equipment does not require prior authorization with the exception of age 7 months to twenty years of age when lab studies do not meet program requirements.

The Department will purchase one (1) months of necessary medical supplies without prior authorization when ordered by attending physician.
Limitations: Incontinent supplies will only be purchased for persons over the age of four (4) years of age. Disposable diapers are restricted in number to 240 per month. Disposable underpads are restricted to 150 per month, any requests for incontinent supplies above those amounts must have prior approval by the Department.

d. Medical Oxygen and Related Equipment: Oxygen and related equipment are provided only upon a written order from a physician, and for recipients with significant ypoxemia. The order must contain at least the following: a diagnosis of the disease requiring home oxygen, the flow rate, oxygen concentration and an estimate of frequency and duration of use (o2 PRN or as needed is not acceptable). When Medical condition is listed as lifetime or chronic, recertification based on laboratory tests is not necessary, unless oxygen usage increases. Physician orders for any other condition other than a lifetime need or a chronic condition, will require a yearly recertification. Portable oxygen systems may be covered to complement a stationary system if necessary. To be considered a request for a portable system must contain a description of the activities or exercise routine in the home., state the medically therapeutic purpose of the stationary system and documentation of the clinical improvement in the recipient's condition as a result of the portable system.

Claims for oxygen therapy must include a blood gas study as evidence for oxygen. This may either be a measurement of partial pressure of oxygen (PO2) in the arterial blood or a arterial oxygen saturation obtained by ear oximetry and the condition under which the studies were performed at rest, room air, while sleeping, or if while on oxygen the amount and the body position).

To be considered for oxygen use the following circumstances must exist:

1. An arterial PO2 at or below 55mm HG or an arterial oxygen saturation at or below eighty five percent (85%), taken at rest, breathing room air; or
2. An arterial PO2 at or below 55mm HG or an arterial oxygen saturation at or below eighty five (85%) taken during sleep for a patient who demonstrates an arterial PO2 at or above 56mm HG, or an arterial oxygen saturation at or above eighty six percent (86%) while awake or greater than normal fall in oxygen level during sleep (a decrease in arterial PO2 more than 10mm HG or a decrease in arterial oxygen saturation more than five percent (5%) associated with symptoms or reasonably attributable to hypoxemia; or
3. An arterial PO2 at or below 55mmHG or an arterial oxygen saturation at or below eighty six percent (86%) taken during exercise for a patient who demonstrates an arterial PO2 at or above eighty six % (86%) during the day while at rest. In this case, supplemental oxygen is provided during exercise if there is evidence that the use of oxygen improves the hypoxemia that was demonstrated when the patient is breathing room air. Coverage is provided for patients for patients whose arterial PO2 is 56 to 59 mmHG or whose arterial blood oxygen saturation is eighty six percent (86%) to eighty nine percent (89%) if there is evidence of dependent edema suggesting congestive heart failure, or "P" pulmonale on EKG (P wave greater than three (3) mm in standard leads II, III, or AVF), or erythrocythemia with a hemocrit greater than fifty six percent (56%).
4. Age 0 to six months of age require physician orders ONLY. Age 7 months to 20 years of age require letter of authorization from EPSDT Program Coordinator as being "medically necessary " if lab studies and MD orders are not provided which meet program requirements as stated above.

   Services Exclusions: Payment is excluded n the following circumstances:
   Recipients with angina pectoris in the absence of hypoxemia, recipients who experience breathlessness without cor pulmonale or evidence of hypoxemia recipients with severe peripheral vascular disease resulting in clinically evident desaturation in one or more extremities and recipients with terminal illnesses that do not effect the lungs.

e. Physical therapy, Occupational Therapy or Speech Pathology and Audiology Services Provided by a Home Health Agency or Medical Rehabilitation Facility :

Home health agency visits by Physical Therapist and occupational Therapists are limited to a total of one hundred (100) visits per recipient per calendar year, included in the total visit is all home health aids, nursing services, physical therapy services and occupational therapy services in any combination. Speech pathology and audiology services are not provided for under home health services.

DURABLE MEDICAL EQUIPMENT AND MEDICAL SUPPLIES.
The Department will purchase or rent when medically necessary cost effective durable medical equipment and medical supplies for recipients residing in community settings including those provided through home health agency plans of care which meet the requirements found in Subsections 105.01 and 105.02. No payment will be made for any recipient's DME or medical supplies that are included in the per diem payment while such an individual is an inpatient in a hospital NF, or ICF/MR. (7-1-99)

01. Medical Necessity Criteria. DME/medical supplies will be purchased or rented only if ordered in writing (signed and dated) by a physician prior to delivery of equipment or supplies. Date of delivery is considered the date of service. The following information to support the medical necessity of the item(s) shall be included in the physician's order and accompany all requests for prior authorization or be kept on file with the DME provider for items which do not require prior authorization: (7-1-99)

a. The recipient's medical diagnosis and prognosis including current information on the medical condition which requires the use of the supplies and/or medical equipment; and (7-1-99)

b. An estimate of the time period that the medical equipment or supply item will be necessary and frequency of use. As needed (PRN) orders must include the conditions for use and the expected frequency; and (7-1-99)

c. For medical equipment, a full description of the equipment needed. All modifications or attachments to basic equipment must be supported; and (7-1-99)

d. For medical supplies, the type and quantity of supplies necessary must be identified; and (11-1-86)

e. The number of months the equipment or supplies will be needed; and (7-1-99)

f. Additional information may be requested by the Department or its designee for specific equipment and/or supplies such as, but not limited to, wheelchairs, apnea monitors, oximeters, hospital beds. (7-1-99)T

02. Medical Equipment Program Requirements. All claims for durable medical equipment are subject to the following guidelines: (7-1-99)

a. Unless specified by the Department, durable medical equipment does not require prior authorization by the Department or its designee. (7-1-99)

i. When multiple features or models of equipment are available, authorization will be limited to the least costly version that will reasonably and effectively meet the minimum requirements of the individuals needs. (7-1-99)T

b. Unless specified by the Department in the Medical Vendors Handbook, all equipment must be rented except when it would be more cost effective to purchase it. Rentals are subject to the following guidelines: (7-1-99)

i. Rental payments, including intermittent payments, shall automatically be applied to the purchase of the equipment. When rental payments equal the purchase price of the equipment, ownership of the equipment shall pass to the Department. (10-1-91)

ii. The Department may choose to continue to rent certain equipment without purchasing it. Such items include but are not limited to apnea monitor, ventilators and other respiratory or monitoring equipment.
(7-1-99)T

iii. The total monthly rental cost of a DME item shall not exceed one-tenth (1/10) of the total purchase price of the item. (7-1-99)

iv. The determination of cost-effectiveness of rental versus purchase will be made by the vendor based on guidelines specified by the Department in the most current Medical Vendors Handbook. Documentation to support the vendor's decision must be kept on file. (7-1-99)

c. No reimbursement will be made for the cost of repairs (materials or labor) covered under the manufacturer's warranty. The date of purchase and warranty period must be kept on file by the DME vendor. The following warranty periods are required to be provided on equipment purchased by the Department: (7-1-99)

i. A power drive wheelchair shall have a minimum one (1) year warranty period; (7-1-99)

ii. An ultra light wheelchair shall have a lifetime warranty period; (10-22-93)

iii. An active duty lightweight wheelchair shall have a minimum five (5) year warranty period; (7-1-99)

iv. All other wheelchairs shall have a minimum one (1) year warranty period; (7-1-99)

v. All electrical components and new or replacement parts shall have a minimum six (6) month warranty period; (7-1-99)

vi. All other DME not specified above shall have a minimum one (1) year warranty period; (7-1-99)

vii. If the manufacturer denies the warranty due to user misuse/abuse, that information shall be forwarded to the Department at the time of the request for repair or replacement; (10-1-91)

viii. The monthly rental payment shall include a full service warranty. All routine maintenance, repairs, and replacement of rental equipment is the responsibility of the provider. (10-22-93)

d. Any equipment purchased will become the property of the recipient. (7-1-99)T

e. Covered equipment must meet the definition of durable medical equipment and be medically necessary as defined in Subsection 003.36. All equipment must be prior authorized by the Department or its designee except for the following: (7-1-99)T

i. Bilirubin lights; and (7-1-99)

ii. Commode chairs and toilet seat extenders; and (11-1-86)

iii. Crutches and canes; and (11-1-86)

iv. Electric or hydraulic patient lift devices designed to transfer a person to and from bed to bathtub, but excluding lift chairs, devices attached to motor vehicles, and wall mounted chairs which lift persons up and down stairs; and (7-1-99)

v. Grab bars for the bathroom adjacent to the toilet and/or bathtub; and (11-1-86)

vi. Hand-held showers; and (11-1-86)

vii. Head gear (protective); and (7-1-99)

viii. Hearing aids (see Section 108 for coverage and limitations); and (7-1-99)

ix. Home blood glucose monitoring equipment; and (11-1-86)

x. Intravenous infusion pumps, and/or NG tube feeding pumps, IV poles/stands, intrathecal kits; and (7-1-99)T

xi. Hand-held nebulizers, air therapy vests, and manual or electric percussor; and (7-1-99)T

xii. Medication organizers; and (7-1-99)

xiii. Oxygen concentrators; and (11-1-86)

xiv. Pacemaker monitors; and (11-1-86)

xv. Compressors and breathing circuit humidifiers; and (7-1-99)T

xvi. Sliding boards and bath benches/chairs; and (11-1-86)

xvii. Suction pumps; and (11-1-86)

xviii. Sheep skins, foam or gel pads for the treatment of decubitus ulcers; and (7-1-99)

xix. Traction equipment; and (7-1-99)

xx. Walkers. (7-1-99)T

03. Coverage Conditions - Equipment. The following medical equipment is subject to the following limitations and additional documentation requirements: (7-1-99)

a. Wheelchairs. The Department will provide the least costly wheelchair which is appropriate to meet the recipient's medical needs. The Department will authorize the purchase of one (1) wheelchair per recipient not more often than once every five (5) years. Specially designed seating systems for wheelchairs shall not be replaced more often than once every five (5) years. Wheelchair rental or purchase requires prior authorization by the Department or its designee and shall be authorized in accordance with the following criteria: (7-1-99)

i. In addition to the physician's information, each request for a wheelchair must be accompanied by a written evaluation by a physical therapist or an occupational therapist. The evaluation must include documentation of the

appropriateness and cost effectiveness of the specific wheelchair and all modifications and/or attachments and its ability to meet the recipient's long-term medical needs; (7-1-99)

ii. Manual wheelchairs will be authorized based on the recipient's need according to the following criteria: (7-1-99)

(1) The recipient must be nonambulatory or have severely limited mobility and require a mobility aid to participate in normal daily activities and the alternative would be confinement to a bed or chair; (7-1-99)

(2) A standard lightweight wheelchair will be authorized if the recipient's condition is such that he cannot propel a standard weight wheelchair; (7-1-99)

(3) An ultra light weight wheelchair will be authorized if the recipient's conditions are such that he cannot propel a lightweight or standard weight wheelchair. (7-1-99)

iii. Electric wheelchairs are purchased only if the recipient's medical needs cannot be met by a manual wheelchair. The attending physician must certify that the power drive wheelchair is a safe means of mobility for the recipient and all of the following criteria are met: (7-1-99)

(1) The recipient is permanently disabled; and (7-1-99)

(2) The disability is such that, because of severe upper extremity weakness or lack of function, the recipient cannot operate any manual wheelchair. (7-1-99)

iv. Additional wheelchairs may be considered within the five (5) year limitation with written documentation from the physician and a written evaluation from a physical therapist or an occupational therapist indicating that the current wheelchair no longer meets the client medical needs and what may be damaging to client's medical condition. (7-1-99)T

b. Electronic blood glucose testing devices with voice synthesizers must be prior authorized by the Department or its designee and are covered only when the following documentation is submitted and verified by the attending physician: (7-1-99)

i. The recipient has been determined to be legally blind and is unable to read a standard glucose monitor (this does not include any correctable vision defects; (and) (7-1-99)

ii. The recipient lives alone or has no care giver available during the times when the glucose testing must be done. (7-1-99)

c. Electronic pain suppression/muscle stimulation devices TENS Units must be prior authorized by the Department or its designee and are purchased only when the effectiveness of such devices is documented by the physician and only after: (7-1-99)

i. The pain has been present for a minimum of three (3) months; and (7-1-99)

ii. Other treatment modalities have been tried and failed (documentation must be submitted with request for prior authorization; and (7-1-99)

iii. The effectiveness of the device is documented following a maximum of a two (2) month trial rental period; and (7-1-99)

iv. The physician determines that the recipient is likely to derive significant therapeutic benefit from the continuous use of the device over a long period of time. (7-1-99)

d. Semi-electric hospital beds must be prior authorized by the Department or its designee and will be approved only when the following is documented by the physician: (7-1-99)T

i. The recipient's medical condition is such that he is unable to operate a manual hospital bed; and (7-1-99)

ii. The recipient is unable to change position as needed without assistance; and (7-1-99)

iii. The recipient resides in an independent living situation where there is no one to provide assistance with a manual bed for the major portion of the day. (10-31-89)

e. Continuous positive airway pressure (C-PAP) machines must be prior authorized by the Department or its designee and are purchased or rented only in the following circumstances: (7-1-99)

i. The physician certifies that the recipient's diagnosis is obstructive sleep apnea, which is supported by a sleep study; and (7-1-99)

ii. There is documentation that the recipient's oxygen saturations improve with the use of the machine or respiratory events can be controlled with use of this machine. The machine may be rented for three (3) to six (6) months to determine its effectiveness. (7-1-99)

f. Bilevel positive airway pressure (BiPAP) machines must be prior authorized by the Department or its designee and are purchased or rented only in the following circumstances: (7-1-99)

i. A C-PAP machine has been proven ineffective in treating obstructive sleep apnea; and/or (10-22-93)

ii. The C-PAP machine has proven ineffective during titration; and/or (7-1-99)

iii. Used in place of a ventilator. (10-22-93)

g. Lymphedema pumps shall be authorized only as a last resort for the treatment of refractory lymphedema involving one (1) or more limbs. The following documentation must be provided: (7-1-99)T

i. Documentation showing location and size of the venous stasis ulcer. (7-1-99)T

ii. Documentation showing how long each ulcer has been present. (7-1-99)T

iii. Documentation showing that the patient has been treated with regular compression bandaging for at least the past six (6) months. (7-1-99)T

iv. Documentation showing approximately when and the results that the patient has been treated with custom fabricated gradient pressure stockings/sleeves. (7-1-99)T

v. Documentation showing all other treatments used for the venous stasis ulcers during the last six (6) months. (7-1-99)T

vi. Documentation showing the recipient has been seen regularly by a physician for treatment of venous stasis ulcer(s) during the last six (6) months. (7-1-99)T

04. Communication Devices. Will be considered for purchase by the Department under the following conditions. (7-1-99)T

a. Communication devices must be prescribed by the primary care physician. (7-1-99)T

b. The need for the device must be based on a comprehensive history and physical. (7-1-99)T

c. The device must be considered medically necessary by the primary care physician and the individual must lack the ability to communicate needs with the primary care physician or caregiver. (7-1-99)T

d. The device must be the most effective least costly means of meeting the minimum requirements of the client's needs. If the individual knows sign language or is capable of learning sign language a communication device would not be considered medically necessary. (7-1-99)T

e. The assessment and evaluation for the communication device must include comprehensive information as related to the individuals ability to communicate and review of the most cost effective devices to meet the individuals needs. Documentation shall include: (7-1-99)T

i. Demographic and biographic summary; (7-1-99)T

ii. Inventory of skills and sensory function; (7-1-99)T

iii. Inventory of present and anticipated future communication needs; (7-1-99)T

iv. Summary of device options; (7-1-99)T

vi. Recommendation for device; and (7-1-99)T

vii. Copy of individual treatment plan. (7-1-99)T

f. Repairs to the device must be prior authorized and must not include modifications, technological improvements or upgrades. (7-1-99)T

g. Reimbursable supplies include rechargeable batteries, overlays, and symbols. (7-1-99)T

h. Replacements, modifications, and upgrades will be reimbursed only with prior authorization by the Department, and will require a complete new assessment. Authorization for replacements modifications and upgrades will be issued only in the following circumstances: (7-1-99)T

i. System is broken through no fault of the client and is deemed non repairable and client is unable to function without it. (7-1-99)T

ii System no longer meets the client's minimum medical needs. (7-1-99)T

iii. The use or provision of the system by any individual other than the recipient for which the system was authorized is prohibited. (7-1-99)T

iv. The Department shall have no obligation to repair or replace the communication device if it has been damaged defaced, lost or destroyed as a result of neglect, abuse, or misuse of the equipment. (7-1-99)T

i. Training and orientation of the communication device may be billed as speech therapy by Medicaid approved providers such as a Developmental Disability Agency, or a Hospital that employs a speech therapist. (7-1-99)T

j. There must be an annual evaluation of the effectiveness of the communication device. If the device is not effective or is not being used, it must be returned to the Department. (7-1-99)T

05. Medical Supply Program Requirements. All claims for medical supply items are subject to the following requirements: (7-1-99)

a. The Department will purchase no more than a one (1) month supply of necessary medical supplies for the treatment or amelioration of a medical condition identified by the attending physician in an amount not to exceed one hundred dollars ($100) per month without prior authorization. Any combination of one (1) month's worth of supplies greater than one hundred dollars ($100) may require prior authorization by the Department or its designee. The prior authorization period will be established by the Department or its designee. (7-1-99)T

b. Each request for prior authorization must include all information required in Subsection 106.01. (7-1-99)

"Page" Supplies other than what are listed below will require prior authorization:

c. ~~Covered supplies are limited to the following~~: (11-1-86)

i. Catheter supplies including catheters, drainage tubes, collection bags, and other incidental supplies; and (11-1-86)

ii. Cervical collars; and (11-1-86)

iii. Colostomy and/or urostomy supplies; and (11-1-86)

iv. Disposable supplies necessary to operate Department approved medical equipment such as suction catheters, syringes, saline solution, etc.; and (11-1-86)

v. Dressings and bandages to treat wounds, burns, or provide support to a body part; and (11-1-86)

vi. Fluids for irrigation; and (11-1-86)

vii. Incontinence supplies (See Subsection 106.05.b. for limitations); and (7-1-99)

viii. Injectable supplies including normal saline and Heparin but excluding all other prescription drug items; and (10-31-89)

ix. Blood glucose or urine glucose checking/monitoring materials (tablets, tapes, strips, etc.), automatic injectors; and (7-1-99)

x. Therapeutic drug level home monitoring kits. (10-31-89)

xi. Oral, enteral, or parenteral nutritional products (See Subsection 106.05.a. for limitations and additional documentation requirements). (7-1-99)

06. Coverage Conditions - Supplies. The following medical supply items are subject to the following limitations and additional documentation requirements: (7-1-99)

a. Nutritional products. Nutritional products will be purchased only under the following circumstances: (7-1-99)

i. A nutritional plan shall be developed and be on file with the provider and shall include appropriate nutritional history, the recipient's current height, weight, age and medical diagnosis. For recipients under the age of twenty-one (21), a growth chart including weight/height percentile must be included; (7-1-99)

ii. The plan shall include goals for either weight maintenance and/or weight gain and shall outline steps to be taken to decrease the recipient's dependence on continuing use of nutritional supplements; (10-1-91)

iii. Documentation of evaluation and updating of the nutritional plan and assessment by a physician as needed but at least annually. (7-1-99)

b. Incontinent supplies. Incontinent supplies are covered for persons over four (4) years of age only and do not require prior authorization unless the recipient needs supplies in excess of the following limitations: (7-1-99)

i. Diapers are restricted in number to two hundred forty (240) per month. If the physician documents that additional diapers are medically necessary, the Department or its designee may authorize additional amounts on an individual basis. (7-1-99)

ii. Disposable underpads are restricted to one hundred fifty (150) per month. (10-22-93)

iii. Pullups are only allowed when it is documented by the physician that the recipient is participating in a toilet training program. Documentation for toilet training program must be updated on a yearly basis. (7-1-99)T

07. Program Abuse. The use or provision of DME/medical supply items to an individual other than the recipient for which such items were ordered is prohibited. The provision of DME/medical supply items that is not supported by required medical necessity documentation is prohibited and subject to recoupment. Violators are subject to penalties for program fraud and/or abuse which will be enforced by the Department. The Department shall have no obligation to repair or replace any piece of durable medical equipment that has been damaged, defaced, lost or destroyed as a result of neglect, abuse, or misuse of the equipment. Recipients suspected of the same shall be reported to the SUR/S committee. (7-1-99)

08. Billing Procedures. The Department will provide billing instructions to providers of DME/medical supplies. When prior authorization by the Department or its designee is required, the authorization number must be included on the claim form. (7-1-99)

09. Fees And Upper Limits. The Department will reimburse according to Subsection 060.04 Individual Provider Fees. (12-31-91)